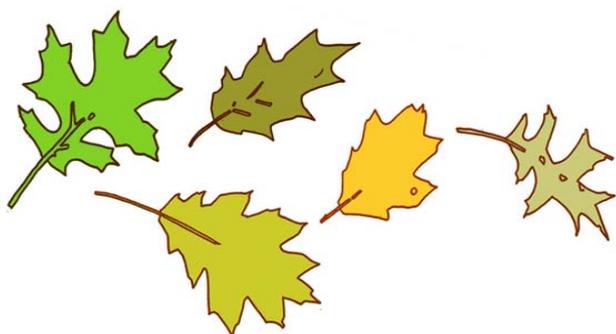


My Information and Advance Care Plan (Easier Read Version)

Name

My choices for end of life care



Advance Care Planning

You may want someone to support you to read this booklet. They will be able to answer any questions you might have.

What is it?



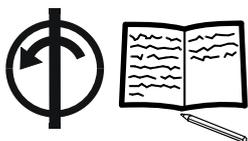
- Advance care planning is about making choices about your care in life threatening and life limiting illness.



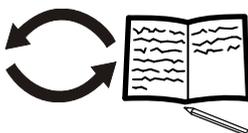
- It is a written plan about what you want, need and would prefer to happen. It can also include what your family/carers think.



- This written plan can be shared with everyone involved in your care, with your agreement or in your best interests.



- It is best to complete an Advance Care Plan as early as possible in your care.



- The plan will be a record of your choices. If changes have to be made to your choices this will be recorded in your plan.



- If there are things you don't want included in your care you would need to complete a document called an 'Advanced Decision to Refuse Treatment'.

- Advance care planning can include:
 - An Advance Statement
 - An Advance Decision to Refuse Treatment
 - Setting up a Lasting Power of Attorney



Advance Care Planning



Your name:



Your address:



Your date of birth:



Your NHS Number:



Date plan completed: _____



Next of kin:



GP contact:



Hospital contact:

My illness is:

More information about me and my health can be found in:
(please ask me before reading them)



Personal Health File
(including an orange section)



Advance Care Plan



Person Centred Plan

Information given to me should be (please tick ✓):

Big Writing

Objects

Photographs

DVD/Film

Pictures

Audio

Symbols

Read to me

Other

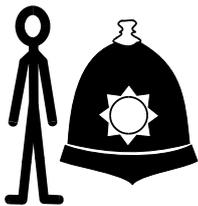
		Information	Date
My Needs		What is palliative care?	
		A plan of care	
My Care		What may happen to my body	
		Treatments I may need	
		What to do if I feel very poorly	
		What people can help me	
		Things I may need	
My Future Care		Other places to get support	
		What may happen to me and my body in the future	
		Planning for what may happen	
End of My Life		What care I may need at the end of my life	
After My Death		My body after I die	
		Support for my friends, family and carers	

Other things I have information on are:

	Information	Date
	Support I may need	
	Medication	
	Ways to help me relax	
	My feelings	
	My beliefs	
	Ways to help my family/friends	
	How I can help myself	
	Money	
	The Law	

I would also like to know about:

Advance Care Planning



The law says you have the right to refuse treatment if you have the capacity to do so. If you do not have capacity the law also protects you by making sure any decisions about your care are made in your best interests.

Lasting Power of Attorney



You may want to think about if you want to ask someone to be your Lasting Power of Attorney. This would mean that this person could make decisions for you when you are too unwell to make them yourself. The decisions could be about your money or your health and care.

Have you got a Lasting Power of Attorney?



Money



Health and Care

Is there anyone you would not want involved in decisions about your health and care?

Advance Care Planning

I made the decisions myself with support from these people (I have capacity to consent):

Please tick

Signature:

I do not have capacity to make the decisions so the people that decided in my 'best interests' were:



Their name:

Signature



Their address:



Their relationship to you:



Their name:

Signature



Their address:



Their relationship to you:

Please continue on separate sheet if necessary.

This plan is to be kept by the person at their home and should follow the person if admitted to another place of care i.e. hospice or hospital.

This plan is to be completed as part of the assessment using, where possible, the person's own words. (Where there are communication difficulties, family, friends or support staff may be consulted).

Advance Statement

Your wants and wishes



What worries you about your health and future:

Think about now and in the future.

Think about whilst you have been ill what has been happening to you.

Family, friends or support staff view.



What's important to you?

Think about your hobbies and things you enjoy doing.

Think about your feelings and beliefs.

Think about things that make you happy.

Family, friends or support staff views and ways to help.

Advance Statement



What's important for your future care.

What would you like or not like to happen.

Would you always want to be admitted into hospital if needed.



Where would you like to be cared for?

I would prefer to
be cared for at:

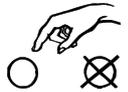
When I am going to
die I would like to be
cared for at:

I would prefer not
to go to hospital if:

Advance Care Planning

When I die I would like to be:

Please tick

  **Buried**  **Cremated**  **Other**

More information:

Guidance: Buried means when a person's body is buried in the ground after they die.
Cremated means a person's body is burnt and then their ashes may be scattered.
Other means you might want something else or you might not want to decide.
Think about organ donation and donating your body to science.

My Funeral



I would like it to be at

What I would like to happen at my funeral is:

Guidance: Think about if you have a favourite flower.
Think about if you would like a certain person to read or say something.
Think about if you have a favourite song you would like played.
Think about if you would like everyone to have something to eat and drink after.

Advance Care Planning

My Possessions:



This is what I want to happen to my possessions when I die:

I have made a will.

Guidance: Possessions are the things that belong to you. Things like your clothes, televisions, jewellery etc.

Remembering Me:



This is how I would like people to remember me:

Guidance: Some people have a special place where they would like their ashes scattered. Other people have a bench with their name on or have a tree planted. You might want a memory box or photograph album for people to look at.

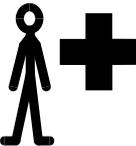
Advance Care Planning



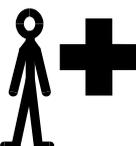
I want to change my plan:
(please write the changes and date of change)

Advance Care Planning

People involved in my care:

 My Specialist Nurse:

 Telephone number:

 My District Nurse:

 Telephone number:

 My _____:

 Telephone number:

 My _____:

 Telephone number:

 My _____:

 Telephone number:



Continuation sheet:

A large, empty rectangular box with a thin black border, intended for writing or drawing. It occupies the majority of the page below the header.

Advance Care Planning

What words mean

Advance Decision	A decision about medical treatment that you do not want to be given in the future if you cannot make your own decision about your treatment.
Advocate	This is someone who supports you to speak up if speaking up is difficult for you.
Best interests	This means thinking about what is best for you and not about what anyone else wants.
Capacity	Is when you are able to make your own decision about something at a particular time.
Life sustaining treatment	If you are very unwell you might need life sustaining treatment to keep you alive. This could be medicine, an operation or a machine to help you breathe. If you refuse life sustaining treatment you might die.
Possessions	Things that belong to you.
Refuse Treatment	This means that you say you do not want the treatment.

Acknowledgements

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Somerset Total Communications, Simple Symbols.

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This document is also available in other languages and formats upon request.

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NH921